

RECEIPT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: EDWARD A. HUBBARD

Filed: MARCH 30, 2000

For: DISTRIBUTED PARALLEL PROCESSING SYSTEM
HAVING CAPABILITY-BASED INCENTIVES AND
ASSOCIATED SYSTEM

Serial No.: 09/538,543

Examiner: UNKNOWN

Group Art Unit: 2756

Atty Dkt: ETHG:002 (f/n/a BAY3:002)

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TC 2700 MAIL ROOM

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7-10-00 Kim Minear
Date Name

Assistant Commissioner For Patents
Washington, DC 20231

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

A corrected filing receipt is hereby requested in view of the error which appears in the original. In the title, please change "assoicated" to --associated--.

A copy of the original filing receipt is attached, with the requested change(s) indicated in red.

Because the error is not due to any error by Applicant(s), no fee is believed to be due in connection with the filing of this document. However, should any fee under 37 C.F.R. §§1.16 to 1.21 be deemed necessary for any reason relating to this document, the

commission is hereby authorized to deduct said fee from Deposit Account 10-
1205/ETHG:002.

Please date stamp and return the enclosed postcard evidencing receipt of these
materials.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Brian W. Peterman", with a long horizontal line extending to the right.

Brian W. Peterman
Reg. No. 37,908
Attorney for Applicant

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FILING RECEIPT

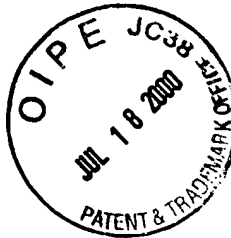


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UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/538,543	03/30/2000	2756	633	BAY3:002	8	52	2

Brian W Peterman
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Date Mailed: 05/31/2000

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Edward A. Hubbard, Round Rock, TX ;

Continuing Data as Claimed by Applicant

Foreign Applications

** SMALL ENTITY **

Title

Distributed parallel processing system having capability-based incentives and associated method

Preliminary Class

709

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JUN 28 2000

O'KEEFE, EGAN & PETERMAN, LLP

ASSOCIATED

Data entry by : ZIMMERMAN, SHAUNA

Team : OIPE

Date: 05/31/2000





Bib Data Sheet


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SERIAL NUMBER 09/538,543	FILING DATE 03/30/2000 RULE -	CLASS 709	GROUP ART UNIT 2756 2141	ATTORNEY DOCKET NO. BAY3:002
APPLICANTS Edward A. Hubbard, Round Rock, TX ;				
** CONTINUING DATA ***** None <i>llll</i>				
** FOREIGN APPLICATIONS ***** None <i>llll</i>				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 52
			INDEPENDENT CLAIMS 2	
ADDRESS Brian W Peterman O'Keefe Egan & Peterman 1101 Capital of Texas Highway South Building C Suite 200 Austin, TX 78746				
TITLE Distributed parallel processing system having capability-based incentives and associated method				
FILING FEE RECEIVED 633	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	